

No. 2
-5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18355

FILED JUN 12 1944

Primary Registration District No. 2001

Registrar's No. 286

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2008 Joplin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura Josephine Lankford

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles R. Lankford 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased December 26, 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 5 If less than one day
hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Huff
13. Birthplace No record
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Foster
15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. C. Howard
(b) Address 2008 Joplin St., Joplin, Mo.

17. (a) Burial (b) Date thereof 6-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Missouri

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 6-4-44 (b) John H. Hurlbut
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin Seneca
(If outside city or town limits, write "RURAL")
(d) Street No. 2008 Joplin St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1944 hour 5:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 12
1944 to June 1 1944
that I last saw her alive on June 1
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis Duration (71)
Due to Senility
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature John H. Hurlbut (M. D. or other)
Address Joplin Mo Date signed 6/4/44

AUG 31 1944

JUN 12 1944

AUG 3 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Perry K. Lueders

Licensed Embalmer No.....

P. O. Address.....

959
Appl. M...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.